



South Florida Orchid Society, Inc.
Membership Application

Date: _____

Name of Applicant: _____

Name of Applicant's Spouse: _____

Address: _____
(CITY) (STATE) (ZIP)

Phone: _____
(HOME) (BUSINESS)

Email: _____

Occupation: _____
(PRESENT OR IF RETIRED, FORMER)

Business Address: _____
(CITY) (STATE) (ZIP)

Do you grow orchids as a hobby? _____ As a profession? _____

Are you a member of the **American Orchid Society**? _____

Dues:

Single – Calendar Year Dues: **\$30.00**

Two in Family – Calendar Year Dues: **\$40.00**

Add **\$15.00** for foreign air mail.

Check for membership payable to South Florida Orchid Society.

Enclosed: \$_____

Mail application and check to:

South Florida Orchid Society, Inc.
P.O. Box 328615
Ft. Lauderdale, FL 33332